



EE #:	From: EDS/AAPU
To:	Email: HFAAPU@eds.com
Fax: ()	Fax: (916) 859-2388
Phone: ()	Phone: (888) 747-1222 (press the * key)
Date:	Pages (including cover): 2

Comments: Reason for sending Enrollment Entity Information Change Form.

☐ Entity Request
☐ Check was returned not deliverable
☐ Report was returned not deliverable
☐ CAA Training Unit sent update
☐ Other _____

<u>Current address for Entity Payment Report</u>	<u>Current address where checks are mailed</u>

Change of Information for Enrollment Entities

Please call the Entity Help Line at 1-888-747-1222 (press the * key) with any questions.



SECTION 1	Enrollment Entity Data		
Please complete required Entity information. Note: Signature of Authorized Contact Person is required for all updates.	Organization Name	Enrollment Entity #(5 digits)	EDS Vendor#
	Authorized Contact	<u>Authorized Contact Signature</u>	

Please check appropriate box(es) below to indicate address to be updated:

☐ Please change the mailing address for Monthly Entity Payment Reports

☐ Please change the mailing address for Reimbursement Checks

SECTION 2	Change Of Mailing Address	
Please complete all fields in this section.	Mailing Address	Suite Number
	City	State/Zip

☐ Please change the physical/business address to:

SECTION 3	Change of Physical/Business Address	
Please complete all fields in this section	Physical Address	Suite Number
	City	State/Zip
	County	Cross Streets

☐ Please change the contact person(s):

SECTION 4	New Contact Person For Referrals		New Authorized Contact Person	
Please complete all appropriate fields in this section	New Contact Name(s)		New Contact Name(s)	
	Phone # ()	Fax # ()	Phone # ()	Fax # ()

☐ Please add the following Sub-Site:

SECTION 5	Add a Sub-Site	
Please complete all fields in this section only if adding a new sub-site.	Mailing Address	Suite Number
	City	State/Zip
	Physical /Business Address	Suite Number
	City	State/Zip
	County	E-Mail Address for this site
	Sub-Site Contact Name	
	Sub-Site Contact's Telephone Number	Sub-Site Contact's Fax Number
	Language spoken by CAA Staff	Office Hours

Please mail to: Healthy Families ATTN: AAPU, PO Box 138005, Sacramento, CA 95813-5008
Or Fax to (916) 859-2388 ATTN: AAPU